

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AB</i>		<i>4/29/99</i>
O.I.P.E. CLASSIFIER		<i>16</i>	<i>5349</i>
FORMALITY REVIEW	<i>JP</i>	<i>71555</i>	<i>5-13-99</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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12	N		
13	✓		
14	✓		
15	✓		
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24	✓		
25	✓		
26	✓		
27	✓		
28	N		
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45	N		
46	✓		
47	✓		
48	✓		
49	✓		
50	✓		

Claim	Final	Original	Date
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60	✓		
61	N		
62	N		
63	N		
64	✓		
65	✓		
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Claim	Final	Original	Date
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BEST AVAILABLE

If more than 150 claims or 10 actions  
staple additional sheet here

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